

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

634

**1. PLACE OF DEATH**

33 County Dent  
1 Township  
2 City Salem (No. ....)

Registration District No. 266  
Primary Registration District No. 416X

File No. ....  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Mrs Martha C Pemberton

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR divorced (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF John W Pemberton  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
78 78 6 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Thomasville  
(STATE OR COUNTRY) Mo

PARENTS  
10. NAME OF FATHER Soloman DePriest  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) -----  
(STATE OR COUNTRY) -----  
12. MAIDEN NAME OF MOTHER Elizabeth Lasley  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) -----  
(STATE OR COUNTRY) -----

14. INFORMANT John Pemberton  
(Address) Salem Mo

15. FILED 1/9 1932 Dr. Rudolph Kerkel  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1931 to Jan 18 1931  
that I last saw him alive on Mar 18 1931, and that death occurred, on the date stated above, at 9:25 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of  
Temporal region of face

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Senility  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF -----  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical findings  
(Signed) L. H. Knight, M. D.  
19. 1932 (Address) Salem Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stone Hill Cem DATE OF BURIAL 1X10 1931  
20. UNDERTAKER Carl Spencer ADDRESS Salem Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

